

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 122  
Registered No. 135

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1030 Sullivan St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Louisa Dominguez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 7. Date of birth April 1 - 1927  
Month Day Year

8. FATHER  
Full name Felez Dominguez  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
10. Color or race Mex  
11. Age at last birthday 26 (Years)

14. MOTHER  
Full maiden name Lillia Merino  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
16. Color or race Mex  
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Chihuahua  
(State or country) Mex  
13. Occupation  
Nature of industry Miner

18. Birthplace (city or place) Met calf  
(State or country) Arizona  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 4 P. m. on the date above stated (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Eyril M. Brown M.D. Physician (Physician or midwife)

Given name added from a supplemental report. \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Apr 12, 27 Registrar A E J

449-401-316